

Hawai'i Civil Rights Commission Real Property Pre-Complaint Questionnaire Information

The submission of a Pre-Complaint Questionnaire is the first step in filing a discrimination complaint with the Hawai'i Civil Rights Commission (HCRC). Upon review of your Pre-Complaint Questionnaire an investigator from the HCRC will contact you for an intake interview and, where appropriate, provide assistance in filing a formal complaint.

The information you provide in the Pre-Complaint Questionnaire will be used to investigate and process your real property discrimination complaint. All information provided to the HCRC in the course of an investigation is confidential and will not be disclosed EXCEPT: 1) where a court orders the disclosure of the records; 2) where federal fair housing law requires disclosure of the records; 3) where a notice of right to sue is issued and the parties to the charge request review of the files; or 4) where there is an express statement or implied threat to commit a crime of violence.

All complaints must be filed with the HCRC within 180 days of: 1) the alleged discriminatory practice; or 2) the date of the most recent occurrence in a pattern of ongoing discrimination. The HCRC does not have jurisdiction over complaints filed after the expiration of 180 days.

Under Hawai'i law, you may not file an action in state court alleging discrimination in a real property transaction unless a complaint is filed with the HCRC and the HCRC issues a notice of right to sue. A right to sue notice will be issued upon your request.

You must contact the HCRC if you move, or change your address or telephone number. If we are unable to contact you, your case may be closed.

Please contact the HCRC if you would like help with the Pre-Complaint Questionnaire or if you require an accommodation. If English is not your first language, the HCRC will provide an interpreter at no cost to you.

If you live on Oahu call the HCRC by dialing:
586-8636 (Voice) or 586-8692 (TDD)

If you live on a Neighbor Island call the HCRC toll free by dialing:

Kaua'i - 274-3141, ext 6-8636#;
Maui - 984-2400, ext 6-8636#.
Hawai'i - 974-4000, ext. 6-8636#;
Lana'i & Moloka'i - 1-800-468-4644, ext. 6-8636#;

Email: DLIR.HCRC.INFOR@hawaii.gov

Website: <http://hawaii.gov/labor/hcrc>



STATE OF HAWAII
HAWAII CIVIL RIGHTS COMMISSION
Princess Ke`elikolani Building, 830 Punchbowl Street, Room 411, Honolulu, Hawaii 96813
EMPLOYMENT PRE-COMPLAINT QUESTIONNAIRE

Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit documents that support your allegation(s) of discrimination.

1. Information about you:

Date: _____

| | | | |
|--|------------------------|------------------------|-----|
| Name (Last, First, Middle Initial(s)) | | | |
| Address | | City | Zip |
| Home Phone () | Work Phone () | Cell Phone () | |
| Race/Ethnicity | | Sex | |
| Social Security Number | | Age & Date of Birth | |
| Person to contact if we can't reach you: | | | |
| Name & Relationship | | | |
| Address | | | |
| Telephone () | | | |

2. Company/City & County/State etc. that discriminated against you:

| | | | |
|--|------------------------------------|------------|------------|
| Name | | | |
| Address | | City | Zip |
| Island <input type="checkbox"/> O`ahu <input type="checkbox"/> Kaua`i <input type="checkbox"/> Maui <input type="checkbox"/> Hawai`i <input type="checkbox"/> Moloka`i <input type="checkbox"/> Lana`i | | | |
| Telephone () | No. of Employees (employed in HI): | Date Hired | Pay/Salary |
| Job title when discriminated against | | | |

| HCRC USE ONLY | | |
|----------------|--------------|-------------------|
| DB# | Assigned to | Date Assigned |
| Interview Date | Action Taken | Date Action Taken |

Previous Editions Obsolete

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

(Rev. 10/05)

EMPLOYMENT PRE-COMPLAINT QUESTIONNAIRE

Page 2 of 4

3. I was discriminated against because of my:

| | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Arrest & Court Record | <input type="checkbox"/> Retaliation (opposed discrimination) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Breast Feeding | <input type="checkbox"/> National Guard Obligation |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sex/Gender (M/F, pregnant) | <input type="checkbox"/> Child Support Garnishment |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation (homosexual bisexual heterosexual) | <input type="checkbox"/> Disability (physical mental) What is the disability? _____ _____ |
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital Status (married single) | |
| <input type="checkbox"/> Religion | | |

4. I was discriminated against by being:

| | |
|--|---|
| <input type="checkbox"/> Fired/Discharged | <input type="checkbox"/> Denied Promotion |
| <input type="checkbox"/> Not Hired | <input type="checkbox"/> Denied Transfer |
| <input type="checkbox"/> Forced to Quit | <input type="checkbox"/> Refused Pay Raise |
| <input type="checkbox"/> Laid Off | <input type="checkbox"/> Unequal Pay |
| <input type="checkbox"/> Sexually Harassed | <input type="checkbox"/> Unequal Hours |
| <input type="checkbox"/> Harassed | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Refused Accommodation | <input type="checkbox"/> Other (specify): _____ _____ |

5. Date of the last discriminatory action: (must be within the past 180 days)

| |
|--|
| |
|--|

6. Name(s) and job title(s) of the person(s) who discriminated against you:

| |
|--|
| |
|--|

7. What reason was given to you for the adverse action:

| |
|--|
| |
|--|

8. How did you learn about the Hawai'i Civil Rights Commission:

| |
|--|
| |
|--|

EMPLOYMENT PRE-COMPLAINT QUESTIONNAIRE

Page 3 of 4

9.a. Have you contacted the U.S. Equal Employment Opportunity Commission (EEOC) about this problem?

☐ Yes ☐ No

9.b. If yes, has complaint been filed with EEOC? ☐ Yes ☐ No Date Filed _____

10. Do you have an attorney concerning this problem? ☐ Yes ☐ No If yes, please provide:

| |
|------------------------|
| Name |
| Address |
| Telephone () |

11. Have you filed a complaint concerning this problem with any other group or agency? ☐ Yes ☐ No If yes, please provide:

| |
|------------------------|
| Name |
| Address |
| Telephone () |

Directions: Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary to include additional information. On the next page, include the name/telephone/address of witnesses who you feel could provide evidence of the alleged discrimination.

| Dates of Discrimination | Describe the discriminatory adverse actions (Explain why the actions were because of your protected basis) |
|-------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

EMPLOYMENT PRE-COMPLAINT QUESTIONNAIRE
Page 4 of 4

| Dates of Discrimination | Continuation of the discriminatory adverse actions (Explain why the actions were because of your protected basis) |
|--------------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Witnesses who have evidence of the discriminatory adverse actions | | |
|--|----------------------------------|----------------|
| Name | Telephone (Home and Work) | Address |
| | | |
| | | |
| | | |
| | | |

Closing Statement: I declare under penalty of perjury that the foregoing is true and correct.

Signature